PTO/SE/06 (08-03)
Approved for use through 7/31/2006, CMG 0631-0032
U.S. Peters and Yestemeth Officer, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1985, no persons are required to respond to a collection of information unless it displays a valid CMS control number.											
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									09450 A85		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR.	OTHER THAN SMALL ENTITY	
			R FILED MARKER EX		ER EXTRA		RATE	FEE_	İ	RATE	FEE
BASIC FEE (IT CFR 1.15(41)			1		<u> </u>	OR.					
(I) CFR 1.18(d)			54 minus 20 =		•		× 4•		OR	X & #	
UCEPENDENT CUA (27 CFR 1.18(b))	DEPENDENT CLAMS 16			• •			x s		OR	X \$a	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))							+ 4		OR	+3	
* If the difference in column 1 is less than zoro, enter "O" in column 2.							TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											
7/12/04 (Column 1) (Column 2) (Column 3)							SMALL 6	YTTNE	OR	OTHER	THAN ENTITY
«	RE	CLAIMS EMAINING AFTER ENOMENT		HIGHEST NEMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADIOS- TIONAL FEE
Total grantungs	_	52-	Minns	-54	•	1	× 4		OR	X 8	
III grow uses	1	16	Minus	-16			x 8=		OR	X.6	
RIGHT PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST CFR 1.19(0))							+4		OR	+8	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) 8-8-05 (Column 2) (Column 3)										<u>. </u>	
ENT 8	RE	XAMS MADENG APTER ENDMENT		HIGHEST HUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total (prove useps) Z extendent (prove useps)	5	73	Minus	- 54	• /	b	x 4		OR	X &	
Edwardent (III)		16	Minus	-160	•/		x 4=		OR	×4	
RESET PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST CPR. L. 1840)							+1 -		OR	+=	
^ -	,						ADD'L FEE		OR	ADOL FEE	
3-27-06 _(Column 1) (Column 2) (Column 3)											
5	RE	XLAIMS MADNING MPTER ENQMENT		HOGHEST INLARBER PREVIOUSLY PAID FOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ACCI- TIONAL FEE
Total Car	• •	5.	Minus	- 54	-0,		× 4 •		OR	x 0	
CLCAN CHOO	•	h	Milman	- 16	. 0		×4•		OR	X8	
POST PRESENTATION OF MATTIFLE DEPENDENT GLAM (\$7 CFR L 1800)							+8		OR	• 4	
• •							TOTAL ADD'L FEE		OR	ADO'L FEE	
 6 the crity in column 1 is less than the entry in column 2, write "V" in column 3. If the "Highest Number Previously Paid For" IN THOS SPACE is less than 30, enter "3". If the "Highest Number Previously Paid For" IN THOS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (I fail or interpendent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1,16. The information is required to obtain or retain a benefit by the public which is to tile (and by the 											
the property of the		a se embrérad	THE ST 12	AND THE PERSON NAMED IN		-			us 04	با ۱۳ الدوسة بيسم	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to the (und by the USPTO to process) an explanation. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 orbitats to complete the property, and extending the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form ender suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Pelanni and Tredement Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Peterta, P.O. Box 1450, Alexandria, VA 22313-1450.

If you mend association to complete the form. cell 1-800-PTO-0189 and select conting 2

If you need assistance in completing the form, call 1-800-PTO-0199 and select option 2.